

State of Arizona High Deductible Health Plan and Health Savings Account

This option has two parts: II.

High Deductible Plan: This plan has high deductible which you will need to meet before most benefits are paid. The plan uses the Aetna Choice POS II network. For out of network services, members are responsible for any balance billing amounts.

Health Savings Account: Under this plan, pre-tax contributions are made by both you and NAU into an account from which you can pay for out-of-pocket expenses.

- **Employer:** NAU contributes \$27.70 per pay period for employee only coverage and \$55.39 for all other coverage levels.
- **Employee:** You can also make contributions to the HSA up to the IRS annual maximum. Including the employer contribution, the individual contribution maximum is \$3,550 and the family contribution maximum is \$7,100. Employees age 55+ may make an additional \$1,000 Catch Up Contribution.

		In-Network	Out-of-Network ²
Deductible		Employee \$1,400 Employee + Adult \$2,800 Employee + Child \$2,800 Family \$2,800	Employee \$5,000 Employee + Adult \$10,000 Employee + Child \$10,000 Family \$10,000
Out of Pocket Maximum		Employee \$2,000 Employee + Adult \$4,000 Employee + Child \$4,000 Family \$4,000	Employee \$5,000 Employee + Adult \$10,000 Employee + Child \$10,000 Family \$10,000
Life Time Maximum		None	None
Your Cost for Care			
Coinsurance		10% ¹	50% ¹
Office Visits	Preventive Care	\$0 per visit	
	Primary Care	10% ¹	50% ¹
	Specialist	10% ¹	
	Mental Health	10% ¹	
Emergency	Urgent Care	10% ¹	50% ¹
	Emergency Room	10% ¹	10% ¹
Facility	Inpatient	10% ¹	50% ¹
	Out Patient	10% ¹	50% ¹
Prescriptions	Retail (30 days)	<u>Preventive:</u> Generic \$15 Preferred \$40 Non-Preferred \$60 <u>Non-Preventive:</u> 100% ¹	Not Covered
	Mail Order (90 days)	<u>Preventive:</u> Generic \$30 (2 copays) Preferred \$80 (2 copays) Non-Preferred \$120 (2 copays) <u>Non-Preventive:</u> 100% ¹	Not Covered
2020 Per Pay Period Premiums			
		You Pay	NAU Pays
		Total	
	Employee Only	\$10.15	181.87
	Employee + Adult	\$30.46	376.95
	Employee + Child	\$25.89	246.41
	Family	\$56.35	419.97
			476.32

¹ Members must first meet all deductibles. The family deductible is tracked as a whole - not individually

² Members must first meet all deductibles and they are also responsible for any balance billing amounts for out of network services.